



Post-Traumatic Stress Disorder May , 2003

1: J Appl Meas. 2003;4(1):59-69.

Measurement precision of the clinician administered PTSD scale (CAPS): a RASCH model analysis.

Betemps EJ, Smith RM, Baker DG, Rounds-Kugler BA.

University of Cincinnati, PO Box 210038, Cincinnati, Ohio 45221-0038, USA.

Liz.Betemps@uc.edu

The Clinician Administered PTSD Scale (CAPS), originally developed as a diagnostic tool, is frequently used to evaluate treatment responses. Defining a case and measuring symptom changes are different processes that require different attributes for the instrument. Measuring symptom changes requires precision in measurement. Using the Rasch rating scale model, we evaluated this instrument for construct validity in a veteran sample. The distribution of the veteran measures did not align with the distribution of the item measures in the CAPS instrument. Separate analysis of the CAPS Frequency subscale and Intensity subscale were conducted. The Frequency subscale produced measures that encompassed the level of severity found in the veteran sample. Items from this instrument can be used to develop an equal interval scale to provide precise measurements for treatment evaluations and to identify clinical cut points for diagnostic purposes.

Publication Types:

Evaluation Studies

PMID: 12700431 [PubMed - indexed for MEDLINE]

2: J Psychosoc Nurs Ment Health Serv. 2003 Apr;41(4):32-41.

Workplace stress among psychiatric nurses. Prevalence, distribution, correlates, & predictors.

Robinson JR, Clements K, Land C.

School of Health Studies, Brandon University, 270 18th Street, Brandon, Manitoba, Canada R7A 6A9. Robinson@BrandonU.CA

Vicarious trauma and burnout are serious manifestations of workplace stress. Both can have substantial consequences for health care professionals, health services, and consumers. This article reports results of a study examining the prevalence, distribution, correlates, and predictors of vicarious trauma and burnout among registered psychiatric nurses (RPNs). A survey was distributed to all practicing RPNs in Manitoba, Canada (N = 1,015). The survey contained the Maslach Burnout Inventory, the Traumatic Stress Institute Belief Scale (i.e., a measure of vicarious trauma), and a section on symptoms of posttraumatic stress

disorder (PTSD). The RPNs were found to be experiencing high levels of emotional exhaustion (i.e., high burnout) and even higher levels of personal accomplishment (i.e., low burnout). No significant differences were found between respondents' total scores on the Traumatic Stress Institute Belief Scale and instrument norms for mental health care professionals. Predictors of burnout and vicarious trauma also are presented in this article. Stress experienced by RPNs, as well as strengths on which to build, clearly are evident in the study results. Strategies for reduction in workplace stress may benefit psychiatric nurses, clients, and health services.
PMID: 12698821 [PubMed - indexed for MEDLINE]

3: Disaster Manag Response. 2003 Jan-Mar;1(1):14-8.
Post-traumatic stress: clinical implications.
Mitchell AM, Kameg K, Sakraida TJ.
University of Pittsburgh School of Nursing, Pittsburgh, Pennsylvania, USA.
Publication Types:
 Review
 Review, Tutorial
PMID: 12688305 [PubMed - indexed for MEDLINE]

4: Adv Nurse Pract. 2003 Mar;11(3):41.
Patient information. Anxiety disorders.
[No authors listed]
Publication Types:
 Patient Education Handout
PMID: 12683168 [PubMed - indexed for MEDLINE]

5: Med Care. 2003 Apr;41(4):536-49.
Racial disparities in VA service connection for posttraumatic stress disorder disability.
Murdoch M, Hodges J, Cowper D, Fortier L, van Ryn M.
Center for Chronic Disease Outcomes Research, Minneapolis VA Medical Center, Minnesota 55417, USA. murdo002@tc.umn.edu
BACKGROUND: "Service connected" veterans are those with documented, compensative conditions related to or aggravated by military service, and they receive priority for enrollment into the Veterans Affairs (VA) health care system. For some veterans, service connection represents the difference between access to VA health care facilities and no access. OBJECTIVES: To determine whether there are racial discrepancies in the granting of service connection for posttraumatic stress disorder (PTSD) by the Department of Veterans Affairs and, if so, to determine whether these discrepancies could be attributed to appropriate subject characteristics, such as differences in PTSD symptom severity or functional status. RESEARCH DESIGN: Mailed survey linked to administrative data. Claims audits were conducted on 11% of the sample. SETTING AND SUBJECTS: The study comprised 2700 men and 2700 women randomly selected from all veterans filing PTSD disability claims between January 1, 1994 and December 31, 1998. RESULTS: A total of 3337 veterans returned usable surveys, of which 17% were black. Only 16% of respondents carried private health insurance, and 44% reported incomes of 20,000 US dollars or less. After adjusting for respondents' sociodemographic characteristics, symptom severity, functional status, and trauma histories, black persons' rate of service connection for PTSD was 43% compared with 56% for

other respondents ($P = 0.003$). CONCLUSION: Black persons' rates of service connection for PTSD were substantially lower than other veterans even after adjusting for differences in PTSD severity and functional status.
PMID: 12665717 [PubMed - indexed for MEDLINE]

6: Am J Psychiatry. 2003 Mar;160(3):580-2.

Association of comorbid posttraumatic stress disorder and major depression with greater risk for suicidal behavior.

Oquendo MA, Friend JM, Halberstam B, Brodsky BS, Burke AK, Grunebaum MF, Malone

KM, Mann JJ.

New York State Psychiatric Institute, Columbia University, New York, 10032, USA.
moquendo@neuron.cpmc.columbia.edu

OBJECTIVE: Posttraumatic stress disorder (PTSD) increases the risk of suicidal behavior; a major depressive episode also increases the risk for suicidal behavior. The authors' goal was to examine the effect of comorbid PTSD and major depressive episode on suicidal behavior. METHOD: Inpatients with a diagnosis of major depressive episode ($N=156$) were assessed for PTSD, suicidal behavior, and clinical risk factors for suicidal acts. RESULTS: Patients with comorbid major depressive episode and PTSD were more likely to have attempted suicide, and women with both disorders were more likely to have attempted suicide than men with both disorders. Cluster B personality disorder and PTSD were independently related to history of suicide attempts. CONCLUSIONS: The greater rate of suicide attempts among patients with comorbid PTSD and major depressive episode was not due to differences in substance use, childhood abuse, or cluster B personality disorders.

PMID: 12611845 [PubMed - indexed for MEDLINE]

7: Biol Psychiatry. 2003 Jan 15;53(2):188-91.

Mirtazapine vs. placebo in posttraumatic stress disorder: a pilot trial.

Davidson JR, Weisler RH, Butterfield MI, Casat CD, Connor KM, Barnett S, van Meter S.

Duke University Medical Center, Durham, North Carolina 27710, USA.

BACKGROUND: Based on an earlier pilot study, as well as a theoretical consideration of its mechanism of action, we undertook a placebo-controlled, double-blind trial of mirtazapine in posttraumatic stress disorder. METHODS: Twenty-nine patients were randomized to receive drug up to 45 mg/day or placebo double-blind on a 2:1 ratio for 8 weeks, with data being available for analysis in 26. Primary outcome measures comprised the Short Posttraumatic Stress Disorder Rating Interview (SPRINT) Global Improvement item and total score. Secondary measures comprised the Davidson Trauma Scale, Structured Interview for Posttraumatic Stress Disorder and Hospital Anxiety Depression Scale. Adverse events were also measured. RESULTS: On the Short Posttraumatic Stress Disorder Rating Interview Global Improvement measure, rates of response were 64.7% and 20.0% for mirtazapine and placebo. Treatment effects in favor of mirtazapine were noted on the Short Posttraumatic Stress Disorder Rating Interview global, Structured Interview for Posttraumatic Stress Disorder, and Hospital Anxiety Depression Scale anxiety subscale scores. The drug was well tolerated. CONCLUSIONS: Mirtazapine was more effective than placebo on some measures in posttraumatic stress disorder and general anxiety symptoms.

Publication Types:

Clinical Trial

Randomized Controlled Trial

PMID: 12547477 [PubMed - indexed for MEDLINE]

8: Soc Psychiatry Psychiatr Epidemiol. 2002 Dec;37(12):580-5.

Long-term consequences of unrecognised PTSD in general outpatient psychiatry.

Al-Saffar S, Borga P, Hallstrom T.

Unit of Mental Health, Stockholm Center of Public Health, Box 17533, 11891

Stockholm, Sweden. suad.al-saffar@smd.sll.se

BACKGROUND: Although a number of studies have shown a high prevalence of PTSD in the population, the diagnosis has hardly been recognised in general psychiatric practice. This raises two important questions. How widespread is extreme trauma and PTSD in the general psychiatry population? How does the long-term outcome among patients with PTSD differ from that of other psychiatric patients? The present study examines a psychiatry outpatient population in which none of the patients have received the primary diagnosis of PTSD. METHOD: The 233 patients from four ethnic groups who, during a period of 1 year, visited a psychiatric outpatient clinic were asked, 3-4 years later, to complete a questionnaire that included the Self-rating Inventory for Posttraumatic Stress Disorder. Patients were divided into probable PTSD and non-PTSD. Subjects with probable PTSD were compared with non-PTSD, regarding outcome at follow-up. RESULTS: The response rate was 56%. Fifty-three patients fulfilled the instrument's diagnostic criteria for PTSD, whereas 62 did not. In the foreign-born groups PTSD patients constituted a majority (53-69 %) compared to 29% of Swedish-born patients. Although the clinic's original diagnoses and assessment of immediate treatment outcome did not differ between the two groups, PTSD patients did not report improvement to the same extent and had poorer self-rated health at follow-up ($p < 0.001$) as well as lower participation in working life. CONCLUSIONS: A high proportion of PTSD and poorer outcome for PTSD patients compared to other psychiatric patients warrants a primary focus upon PTSD in outpatient psychiatry.

PMID: 12545235 [PubMed - indexed for MEDLINE]

9: J Clin Psychopharmacol. 2003 Feb;23(1):15-20.

Quetiapine treatment in patients with posttraumatic stress disorder: an open trial of adjunctive therapy.

Hamner MB, Deitsch SE, Brodrick PS, Ulmer HG, Lorberbaum JP.

Mental Health Service, Ralph H. Johnson VA Medical Center, 109 Bee Street, Charleston, SC 29401, USA. hamnermb@muscd.edu

In this 6-week, open-label trial, combat veterans meeting DSM-IV criteria for posttraumatic stress disorder (PTSD) were treated with the atypical antipsychotic quetiapine. The starting dose was 25 mg at bedtime with subsequent titration based on tolerability and clinical response. Primary outcome was measured using the Clinician Administered PTSD Scale (CAPS). Secondary assessments of efficacy included the Positive and Negative Symptom Scale (PANSS), the Hamilton Rating Scale for Depression, and the Clinical Global Impression Scale. Safety and tolerability evaluations included neurologic ratings, vital signs, and assessment of treatment-emergent side effects. Eighteen of 20 patients enrolled in the study completed 6 weeks of open-label treatment. The dose range of quetiapine was 25 to 300 mg daily, with an average of 100 ± 70 mg/d. There was significant improvement in CAPS scores, from 89.8 ± 15.7 to 67.5 ± 21.0 ($t=4.863$, $df=18$, <0.005), and composite PANSS ratings from baseline to endpoint. General psychopathology (PANSS) and depressive symptoms (HRSD) were also reduced at the 6-week end point. There were no serious adverse events and no clinically significant changes in vital signs or

neurologic ratings. This preliminary open trial suggests that quetiapine is well tolerated and may have efficacy in reducing PTSD symptoms in patients who have not had an adequate response other medications. Studies utilizing a randomized, controlled trial design and larger sample sizes are needed to better define the potential role of quetiapine and other atypical antipsychotics in the treatment of PTSD.

Publication Types:

Clinical Trial

PMID: 12544370 [PubMed - indexed for MEDLINE]

10: J Burn Care Rehabil. 2003 Jan-Feb;24(1):63-72; discussion 62.

Personality, coping, chronic stress, social support and PTSD symptoms among adult burn survivors: a path analysis.

Lawrence JW, Fauerbach JA.

Baltimore Regional Burn Center, Johns Hopkins Bayview Medical Center, Baltimore, Maryland, USA.

This paper presents a longitudinal study of the relationship between personality, coping, chronic stress, social support and posttraumatic stress disorder (PTSD). A hypothesized model of the relationship between the predictor variables and PTSD symptoms was proposed. Path analyses was completed to test the model. One hundred fifty-eight adult burn survivors completed questionnaires measuring each of the variables in the hospital. Of those 124 and 94 completed the PTSD measure at 1 month and 6 months postdischarge, respectively. The hypothesized model fit the data at each time point with slight variations. The model accounted for 46 and 29% of the variance of PTSD symptoms at hospitalization and 1 month. Neuroticism was the most important personality dimension in predicting PTSD. Avoidant Coping and Social Support mediated a high percentage of the relationship between Neuroticism and PTSD. The best predictor of PTSD symptoms at 1 and 6 months was PTSD symptoms at hospitalization.

PMID: 12543997 [PubMed - indexed for MEDLINE]

11: J Oral Rehabil. 2003 Feb;30(2):211-7.

The influence of war stress on the prevalence of signs and symptoms of temporomandibular disorders.

Uhac I, Kovac Z, Valentic-Peruzovic M, Juretic M, Moro LJ, Grzic R.

Department of Prosthodontics, School of Dental Medicine, University of Rijeka, Rijeka, Croatia. zoran.kovac@ri.tel.hr

The aim of this study was to determine the prevalence of signs and symptoms of temporomandibular disorders in patients with post-traumatic stress disorder (PTSD) occurring as a consequence of exposure to war stress. The examined group consisted of 100 male subjects, aged from 25 to 50 years, who had taken part in the War in Croatia, and in whom PTSD had previously been diagnosed. The control group comprised 100 subjects, without PTSD, of the same sex and age group, who had not taken part in the War. A functional evaluation of the stomatognathic system was performed using the Helkimo Anamnestic and Clinical Dysfunction Index. Eighty-two per cent of the group with PTSD had at least one symptom, and 98% at least one sign of dysfunction. Eight per cent reported mild symptoms and 74% severe symptoms. Twenty-eight per cent showed mild clinical signs, 22% had signs of moderate, and 48% of severe dysfunction. Twenty-four per cent of the control group of subjects had at least one symptom, and 52% at least one clinical sign of dysfunction. Twenty-two per cent reported mild and 2% severe symptoms. Mild clinical signs of dysfunction were found in 50% of subjects in the control group, moderate in 2% and none exhibited severe clinical signs. It

is concluded that correlation exists between war stress and temporomandibular disorders.

PMID: 12535150 [PubMed - indexed for MEDLINE]

12: Am J Psychother. 2002;56(4):562-7.

Posttraumatic stress disorder (PTSD) after heart transplant: the influence of earlier loss experiences on posttransplant flashbacks.

Gotzmann L, Schnyder U.

Department of Psychosocial Medicine, University Hospital Zurich, Culmannstrasse 8, CH-8091, Zurich, Switzerland. lutz.goetzmann@psy.usz.ch

The incidence of posttraumatic stress disorder (PTSD) after heart transplant is about 17%, making it an important psychosocial complication. This case study discusses the relationship between early traumatizing experiences of loss and the lead symptoms of PTSD (e.g., flashbacks, nightmares). It is demonstrated how the encoding of a traumatic experience into existing representations leads not only to a reactivation of an earlier trauma, but may constitute a protective function in the processing of a PTSD.

PMID: 12520891 [PubMed - indexed for MEDLINE]

13: Psychiatr Serv. 2003 Jan;54(1):84-91.

Disability compensation seeking among veterans evaluated for posttraumatic stress disorder.

Frueh BC, Elhai JD, Gold PB, Monnier J, Magruder KM, Keane TM, Arana GW. Veterans Affairs Medical Center, Charleston, South Carolina 29401-5799, USA. fruehbc@musc.edu

OBJECTIVE: This study sought to further examine the relationship between compensation-seeking status and reporting of symptoms among combat veterans who were evaluated for posttraumatic stress disorder (PTSD). **METHODS:** Archival data were drawn for 320 adult male combat veterans who were consecutively evaluated at a Department of Veterans Affairs (VA) PTSD outpatient clinic from 1995 to 1999. The veterans were compared on variables from their clinical evaluation, including diagnostic status and self-report measures such as the Minnesota Multiphasic Personality Inventory-2, which includes scales designed to detect feigned or exaggerated psychopathology. **RESULTS:** Compensation-seeking veterans reported significantly more distress across domains of psychopathology, even after the effects of income had been controlled for and despite an absence of differences in PTSD diagnoses between groups. However, compensation-seeking veterans also were much more likely to overreport or exaggerate their symptoms than were non-compensation-seeking veterans. **CONCLUSIONS:** This study provided further evidence that VA disability compensation incentives influence the way some veterans report their symptoms when they are being evaluated for PTSD. These data suggest that current VA disability policies have problematic implications for the delivery of clinical care, evaluation of treatment outcome, and rehabilitation efforts within the VA.

PMID: 12509672 [PubMed - indexed for MEDLINE]

14: Depress Anxiety. 2002;16(4):157-61.

Racial differences in psychotic symptoms among combat veterans with PTSD.

Frueh BC, Hamner MB, Bernat JA, Turner SM, Keane TM, Arana GW. Medical University of South Carolina, Veterans Affairs Medical Center Charleston, South Carolina 29401-5799, USA. ruehbc@musc.edu

We tested the hypothesis that race may influence clinical presentation and symptomatology in combat veterans with posttraumatic stress disorder (PTSD). African-American and Caucasian veterans were administered the Psychotic Screen Module of the Structured Clinical Interview for DSM, Minnesota Multiphasic Personality Inventory-2 (MMPI-2), and other psychometric measures at a Veterans Affairs outpatient PTSD clinic. Subjects were consecutive referrals who were not matched for level of combat trauma or preexisting trauma; however, there were no group differences in other relevant demographic or diagnostic variables. Significant racial differences, with modest effect sizes, were found on clinician ratings of psychotic symptoms, MMPI-2 scale 6 ("paranoia"), and a measure of dissociation. No significant differences were found for the MMPI-2 scale 8 ("schizophrenia"), or on measures that might suggest comorbid depression or anxiety. African-Americans with PTSD endorsed more items suggesting positive symptoms of psychosis, without higher rates of primary psychosis, depression, or anxiety than Caucasians. Copyright 2002 Wiley-Liss, Inc.
PMID: 12497647 [PubMed - indexed for MEDLINE]

15: Int Clin Psychopharmacol. 2003 Jan;18(1):1-8.

Adjunctive risperidone treatment in post-traumatic stress disorder: a preliminary controlled trial of effects on comorbid psychotic symptoms. Hamner MB, Faldowski RA, Ulmer HG, Frueh BC, Huber MG, Arana GW. Ralph H Johnson, Department of Veteran Affairs Medical Center, Charleston, South Carolina 29401, USA. hamnerb@muscd.edu

Positive and negative symptoms of psychosis may be common in patients with chronic post-traumatic stress disorder (PTSD), but few studies have investigated the use of antipsychotic agents in these patients. This preliminary study examined the potential efficacy of risperidone in treating psychotic symptoms associated with chronic PTSD. In a 5-week, prospective, randomized, double-blind, placebo-controlled trial, adjunctive risperidone treatment was assessed in 40 combat veterans with chronic PTSD and comorbid psychotic features. Most patients were receiving antidepressants and some other psychotics with doses of concurrent medications held constant for at least 1 month prior to and during the study. Thirty-seven patients completed at least 1 week of treatment with risperidone or placebo. The Positive and Negative Syndrome Scale (PANSS) and the Clinician Administered PTSD Scale (CAPS) were used to assess symptoms. The PANSS was the primary outcome measure. At treatment endpoint, risperidone-treated patients showed a significantly greater decrease from baseline, albeit modest, in psychotic symptoms (PANSS total scores) than placebo-treated patients ($P < 0.05$). CAPS ratings declined significantly in both groups but did not differ significantly between groups. However, CAPS re-experiencing subscale scores had greater improvement in the risperidone-treated patients at week 5 ($P < 0.05$, completer analysis) with a trend towards greater improvement versus placebo at endpoint ($P < 0.1$, LOCF). Risperidone was well tolerated with minimal extrapyramidal symptoms. These preliminary results support studying the potential efficacy of risperidone for treating global psychotic symptoms associated with chronic PTSD with a suggestion that core re-experiencing symptoms may also be responsive. Further research using randomized, controlled trial designs in larger patient groups are needed to define more adequately the role of risperidone and other atypical agents in PTSD.

Publication Types:

Clinical Trial

Randomized Controlled Trial

PMID: 12490768 [PubMed - indexed for MEDLINE]

16: Gen Hosp Psychiatry. 2002 Nov-Dec;24(6):367-74.

Comment in:

Gen Hosp Psychiatry. 2002 Nov-Dec;24(6):365-6.

Screening for post-traumatic stress disorder in female Veteran's Affairs patients: validation of the PTSD checklist.

Dobie DJ, Kivlahan DR, Maynard C, Bush KR, McFall M, Epler AJ, Bradley KA. Mental Illness Research Education and Clinical Center, VA Puget Sound Health Care System and Department of Medicine, University of Washington, Seattle, WA 98195, USA. dorcas.dobie@med.va.gov

We evaluated the screening validity of a self-report measure for post traumatic stress disorder (PTSD), the PTSD Checklist (PCL), in female Veterans Affairs (VA) patients. All women seen for care at the VA Puget Sound Health Care system from October 1996-January 1999 (n=2,545) were invited to participate in a research interview. Participants (n=282) completed the 17-item PCL, followed by a gold standard diagnostic interview for PTSD, the Clinician Administered PTSD Scale (CAPS). Thirty-six percent of the participants (n=100) met CAPS diagnostic criteria for current PTSD. Receiver Operating Characteristic (ROC) analysis was used to evaluate the screening performance of the PCL. The area under the ROC curve was 0.86 (95% CI 0.82-0.90). A PCL score of 38 optimized the performance of the PCL as a screening test (sensitivity 0.79, specificity 0.79). The PCL performed well as a screening measure for the detection of PTSD in female VA patients.

Publication Types:

Validation Studies

PMID: 12490337 [PubMed - indexed for MEDLINE]